

## **THE NECESSITY OF IMPLEMENTING A QUALITY MANAGEMENT SYSTEM IN THE ROMANIAN MEDICAL UNITS. AN APPROACH FROM THE PATIENT'S POINT OF VIEW**

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### **Abstract**

The medical services organizations activate in a specific featured environment, extremely sensitive, dynamic and most of the times unpredictable. In order to develop their activity at a high qualitative level, medical units must possess the ability of accepting the changes that might occur, of identifying and valorizing the possible opportunities and, at the same time, they must have the ability of avoiding risks as much as possible. The medical field considers quality a variable which is hard to quantify and which could be perceived as the result of the comparison between the medical service desired/requested by the client and the provided health service or the extent to which the provided service corresponds to the client's expectations.

The current paper refers to the growing problems of the Romanian health system and it also takes into consideration the deficiencies which influence the quality of the provided services. The approach manner of this particular theme is realized by taking into account the quality management system. At the same time, there is made an analysis of the consumer's perception regarding both the quality of health services and the necessity of implementing a quality management system in all units providing health services. The research is based on a rich study of the professional literature, on articles and scientific papers in this field of activity. The data was collected by applying a questionnaire to the population which has been provided medical services over the past year.

**Keywords:** quality management system, medical units, health services, quality, quality standards

**JEL Classification:** I10, I18, I19

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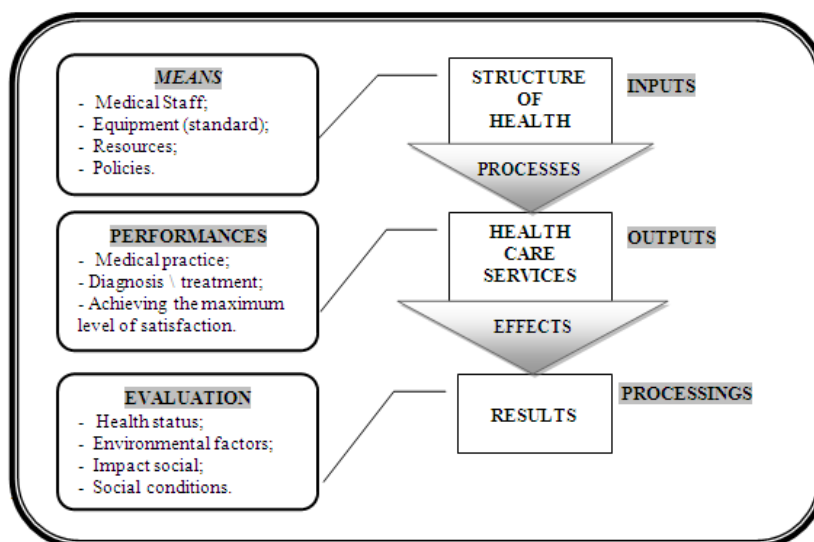
### **Introduction**

The health services field is an extremely sensitive one, full of uncertainties, and having specific features, the activity of health providing services being realized according to the legislation and rules regarding the assurance and maintenance of public health. In an

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economical environment which has suffered a series of transformations over the last few years, an approach of health services quality cannot be avoided. The assurance of health represents both a necessity and an obligatory requirement for all organizations which desire to obtain long term performances in their field, regardless of their dimensions or object of activity. As time goes by, quality proves to be a complex and dynamic notion; most of the times, quality is defined by means of those elements which are related to the concept of non-quality or lack of quality rather than a concept with its own paradigm, reflecting various cultural, political, national, regional or global socio-economical perspectives (Sârbu, Scurtulescu and Bucur, 2007). Quality is desired by every person, no matter if it refers to a product or a service and it represents a long chain of challenges, at a both individual and organizational level. Health services are complex and they regard the entire population of a specific country; therefore, they are characterized by peculiar features, in the sense that these cannot be substituted or looked at with easiness as they represent, in fact, a true value of mankind. A good health is an essential condition of an improving life quality, regardless of the type of health to which we refer (physical, mental, social, intellectual or spiritual). The quality of health services can be perceived from the consumer's/patient's point of view or from the perspective of the dealer or that of the service providing organizations. However, despite the manner of approaching it, it is obvious that any error made in providing medical services has a great impact over the involved parties (figure no. 1).



**Figure no. 1: Quality of services which are offered by health structure**

Source: adapted after Luchian, 2005, p. 183.

In the medical field, the value vectors which refer to quality are (Luchian, 2005):

- an excellent medical practice;
- introducing modern integrated techniques and procedures, appreciated by the patients;

- reducing the costs or maintaining them at a constant level under the circumstances of a continuous growth of efficiency and productivity.

The nursing quality is a dynamic concept which correlates its dimensions with the patient, the social context, the organizational context and the environmental one. Quality assessment must be based on a process of defining the conceptual and operational framework referring to the meaning of “medical assistance quality”. This fundamental level implies a series of issues, and the nursing quality is obviously a notion very difficult to define (Donabedian, 2005).

Quality’s dimensions are given a great deal of importance in the professional literature, the most important assessments in this direction having been made since 2004 (Vlădescu, 2004):

- *Attendance accessibility* - the patients’ easiness of obtaining the medical attendance services when needed;
  - *Attendance specificity* - the extent to which a correct medical attendance is being assured, given the current state of the activity;
  - *Attendance regularity* - the extent to which the medical attendance needed by the patients is coordinated in time between practitioners and organizations;
  - *Attendance proficiency* - the extent to which the attendance is approached in a correct manner, without errors, according to the current state of the activity;
  - *Attendance effectiveness* - the extent to which a service has the potential of satisfying the needs for which it was created;
  - *Attendance efficiency* - the extent to which the provided attendance rises to its true potential, with a minimum effort and at a minimum cost;
  - *Patient oriented services* - the extent to which the patients are involved in the process of making decisions regarding those problems which are directly related to their health and the satisfaction degree;
  - *The security of the attendance environment* - the extent to which the environment lacks hazard or danger;
  - *Attendance timetable* - the extent to which the patients are being attended, when necessary.
- Recently, the quality of medical attendance services has also faced another reference frame, the most important dimensions of this new context being the following:
- *The personnel’s professional abilities* – it refers to the set of knowledge, abilities and performances possessed by this field’s professionals.
  - *Interpersonal relationships* - the interaction between the “actors” involved in this field and the set of relationships established between the patient and the medical services providing organization;
  - *Free choice of the provider, type of insurance or treatment;*

- *Infrastructure and comfort* - cleaning, comfort, intimacy or other important aspects for the patients.

An extremely important aspect is mentioned by CoNAS (The National Committee of Hospital Accreditation) in the Accreditation Manual for Hospitals; this aspect refers to “equity”, in the sense of an equal treatment, commensurate to the gravity of the cases for any patient (CoNAS, 2010).

Some of the main reference points of the health system, as part of the social model, are suggested by (Păuna et al., 2007):

- Developing a compulsory health insurance system and promoting a global and socially acceptable system, based on the principles of solidarity and equity and ensuring the access of various social groups at a guaranteed basic package containing rights and health services;

- Reducing the inequities and the disequilibrium between offer (service quality and availability) and demand (knowledge about health, hygiene and treatment opportunities, service access);

- Ensuring an efficient and transparent health system, oriented towards promoting the health state, preventing and treating various diseases.

The content and complexity of defining the population’s health condition increase the difficulty of showing exactly what a health system really is, where it begins and where it ends (Ristea, Stegăroiu, Ioan-Franc and Dinu, 2009).

Starting from the great importance of quality in what concerns medical services, we will try to analyze the necessity of implementing a quality management system in those medical units which provide health services, also taking into account the fact that the patient is the main element of any health system.

## 1. Research methodology

The research consists of the following steps: professional literature documentation; the identification of the health services’ major deficiencies which influence the quality of the medical service; elaborating a questionnaire in order to assess the patients’ perception over the quality of services; the analysis of the answers; highlighting the necessity of implementing a quality management system in all medical units. In order to develop this research and to obtain realistic answers we used - as an analysis instrument - a questionnaire applied to the population who has been given medical attendance in the country, over the past year. This survey has been conceived for both a quantitative and a qualitative assessment of some key-components, such as the deficiencies of the system which have a major impact over the performance of the Romanian health system.

The research was based on the analysis of 500 questionnaires, delivered online, in order to facilitate the process of collecting and grouping the data and the information obtained. It is highly important to notice the fact that during this analysis we have taken into account only the opinion of those persons who benefited directly from the health services system, over the 2010-2011 period, in Romanian medical units. In order to obtain a proper development of this research, it wouldn’t have been relevant to take into account the opinion of those

persons receiving medical treatment in another country, because they have the tendency of comparing certain elements and contexts with those encountered abroad; this fact would have negatively influenced their perception in what regards the quality of the Romanian medical services. Therefore, from the total of 500 applied questionnaires, we considered only 439 of them to be relevant for our research as they provided answers which were related to the Romanian health system. A number of 61 questionnaires were annulled as their answers didn't fit the requirements.

As presented (table no. 1), the questions were conceived in order to provide a set of relevant data for the assessment of the main factor which influence the performance level of the Romanian health system.

There had been used a total of 20 questions, 18 of them having pre-formulated answers and the other 2 having open answers.

The main objective of this research was the analysis of the implementation of a quality management system in all Romanian medical units, the target being a continuous improvement of the services provided by the medical system. Another goal was raising the patients' trust level regarding the Romanian health services.

**Table no. 1: The Questionnaire**

No.	Applied questions
1.	Which is your country of residence?
2.	Gender: male or female?
3.	What age range do you fit in?
4.	Do you benefit from a social health insurance in Romania?
5.	Have you received medical services over the past year?
6.	Do you trust the Romanian health system?
7.	Do you consider that you have enough information about the Romanian health system?
8.	Have you been informed about the rights that you have as a patient?
9.	Do you consider that the Romanian hospitals fully respect patients' rights?
10.	How do you appreciate the costs of health services as compared to your incomes?
11.	Did the health services correspond to the expectations?
12.	Do you consider that the Romanian hospitals present a high risk of intrahospital infections (nosocomial infection)?
13.	How do you appreciate the quality of the health services that you have been provided?
14.	Which of the following deficiencies of the health system do you consider to influence the most the quality of health services? - Under-financing health units; - The manager's inappropriate inventory of the received funds; - The low number of medical personnel; - The personnel's lack of motivation as a result of the salary's low level as compared to work conditions.
15.	How do you appreciate the accessibility of health services?
16.	Is it necessary to apply a series of measures in order to rapidly improve the quality of medical services?
17.	Do you consider that "the focus on the patient" approach should be perceived as the main criterion of any medical unit?

18.	In your opinion, does the “continual improvement of the quality in what regards the health services” represent a criterion which leads to performance in the medical field, improving at the same time the life conditions?
19.	If you had the opportunity, would you choose the medical services of a hospital abroad?
20.	In your opinion, which country member of the European Union has the most efficient medical system?

## 2. Data analysis and interpretation

This survey also addressed young people, the questions being delivered regardless the respondents' educational level or social condition. We tried to obtain relevant data for a medium range of the approached interest object, as we didn't refer to luxury services, but to services which should be accessible to any patient. Acknowledging the impact of the medical system's deficiencies, we elaborated this type of survey in order to notice if the patients consider that medical services need to be improved or the organizations providing medical services satisfy the patients' requirements. Aspects such as the doctor-patient relationship – which often implies assuming the former's disapproval of the latter's opinion, in order to defend the patient's interests, highly individualizing the basic rules of the clients relationship management, the acceptable level of patients' guidance in contexts in which he, perceived as a buyer, fully bearing the risk, the persistency of the informational asymmetry (patients might become more informed, but it doesn't mean that they are better informed) combined with the real need of incorporating the patients' expertise in the medical attendance process, complicates the agenda of the management in the case of the medical system (Prejmerean and Vasilache, 2009).

The level of medical services quality has been analyzed from the medical services consumer's point of view that is considered to be the key-element of any health system. In the medical field, the patient assesses the quality; therefore, when the service that he receives doesn't fit his expectations – regardless their objectivity or subjectivity – the patient has the tendency of negatively assessing the quality of the medical services, creating therefore a less favorable bigger picture of the medical system.

The respondents' majority consists of young people between the age 20 and 40 (figure no. 2).

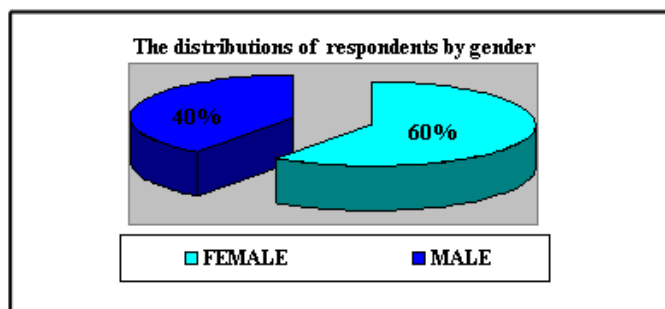


Figure no. 2: The distribution of respondents, by gender

The population's perception regarding the quality of medical services is not a favorable one. The fact that from a total of 439 respondents, only 27 persons trust the Romanian health system should represent an alarm signal. This lack of trust is generated either by the fact that the respondents are not correctly informed with regard to the manner in which health services are provided, or by the fact that they lack data about the rights they possess as patients. From the patient's point of view, the accessibility to medical services is highly difficult. Approximately 83% of the respondents consider that health services have high costs as compared to their incomes. There are a lot of factors which determine a decrease of the medical services quality in Romania. Among these, we notice: lack of financing according to needs, inappropriate management of funds, the medical apparatus' lack of performance, lack of personnel, the personnel's inappropriate remuneration, the disaccord between offer and demand. These deficiencies are real and they have been noticed by the majority of the persons involved in this research. 70% consider that the quality is low, the medical services being much under their expectations.

As a result of the analysis, we noticed that from the patients' perspective, the medical units' under-financing, correlated to the inappropriate management of the funds is the main cause of the low level of health services.

The conclusion is the following: if they had the possibility, almost all the interviewed ones would leave abroad for treatment and medical attendance, the most mentioned countries being Germany, France, Austria and Spain. These countries are characterized by a health system which functions according to international legislation. In the World Health Report, WHO submits for the first time a coefficient of the national health systems' performances regarding three main objectives that need to be reached: health improvement; satisfying the population's expectations (the way in which health systems react to patients' expectations); an equal distribution of the financial contribution (Stegăroiu, Ristea et al., 2009).

In order to increase the confidence level over the activities developed by such organizations, the quality policy needs to focus on the eight basic principles of quality management:

- *Medical units' client orientation*, taking into account the fact that the financing depends on the number of patients. The management must understand the patients' current and future needs, satisfy, identify, fulfill and overcome their requirements regarding the medical services;
- *Leadership* – in the sense of creating and maintaining an internal environment in which the personnel would become fully involved in reaching the goals;
- *Personnel's commitment* - the personnel would be provoked to participate to activities regarding the increase of quality;
- *Process-based approach* - the expected result is obtained in a more efficient way when managing the activities and resources as processes.
- *System approach to management* - gives confidence to all stakeholders on the effectiveness and efficiency of the unit;
- *Continuous service quality improvement* – it is an objective of any organization as it leads to obtaining medical performance;

- *Fact-based decisions making* – emphasis on data and information analysis;
- *Reciprocal advantageous relationships* with the producers and beneficiaries of medical services.

Moreover, the management at the highest level must be sure that the quality policy corresponds to the organization's purpose, that the latter includes a commitment of satisfying the clients' requirements and of continuously improving the efficiency of the quality management system, providing at the same time an appropriate framework for establishing and analyzing the objectives of quality management and being passed forward and understood in the context of that specific organization (International Standards Office, 2008).

## Conclusions

The most important aspect observed during the survey is the necessity of implementing a quality management system at the level of those organizations which provide medical services. All the interviewed persons responded affirmatively to those questions referring to the necessity of applying various measures in order to urgently improve the quality of medical services and they consider that "the patient orientation" should represent the basic criterion of any medical unit. Moreover, almost all of the surveyed ones consider that "the continuous improvement of health services quality" is a principle which leads to obtaining performance in the medical field, improving life conditions at the same time.

Quality in the medical field becomes the equivalent of anticipating, identifying and overcoming the patients' expectations correlated to the requested medical attendance. The results obtained as a consequence of applying the medical process are considered to be very important for assessing medical services. From the analysis of the customers' perception, based on the questionnaire, we notice that this field's quality related aspects are extremely important. The patient assesses the quality of a medical service by taking into account various variables. It doesn't refer only to the medical service and the doctor's abilities, but it regards the entire context, emphasizing the doctor's professionalism and competences, the personnel's attitude and behavior, its interest in solving the problems he might face, the period of time necessary for providing the right medical attendance (access time, waiting period, the amount of time necessary for the actual attendance).

The analysis of the information leads us to the conclusion that we are not able to speak about a positive opinion of the medical services consumers; therefore, the image of the medical system is not a favorable one. The Romanian health system always faces losses which imply high costs for the entire population. By implementing a quality management system, we should be able to keep things under control. Therefore, the Romanian health units' management would be able to develop a series of activities in order to realize the estimated results and to make possible a continuous internal improvement.

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### References

- CoNAS, 2010. *The Manual for Primary Accreditation of Hospital* (2010-2015) (Unit of Standards and Accreditation Procedures). Bucharest: Document for internal use, p. 48.
- Donabedian, A., 2005. Evaluating the Quality of Medical Care. *The Milbank Quarterly*, 83(4), p. 692.
- International Standards Office, 2008. *ISO 9001:2008. Quality management systems. Requirements*. Geneva:ISO.
- Luchian, M., 2005. *Sanitary Management*. Iași: “Apollonia” Faculty of Medicine and Dentistry.
- Păuna, C. B. et al, 2007. *European Social Model - Implications for Romania. Study no. 4*. Bucharest: European Institute of Romania.
- Prejmerean, C. and Vasilache, S., 2009. Study regarding Customer Perception of Healthcare Service Quality in Romanian Clinics, Based on their Profile. *Amfiteatru Economic*, XI (26), pp. 298-304.
- Ristea, A.L., Stegăroiu, I., Ioan-Franc, V. and Dinu, V., 2009. Responsiveness of Health Systems: a Barometer of the Quality of Health Services. *Amfiteatru Economic*, XI (26), pp. 277-287.
- Sârbu, R., Scurtulescu, A.C. and Bucur, C.R., 2007. Quality in higher education. *Amfiteatru Economic*, IX(22), pp. 41-46.
- Stegăroiu, I., Ristea, A.L. (coordinators) et al., 2009. *Distribution of health services management. Strategies and policies for the distribution of health services*. Târgoviște: Bibliotheca Publishing House.
- Vlădescu, C., 2004. *Public health and sanitary management*. Bucharest: University Book Publishing House.